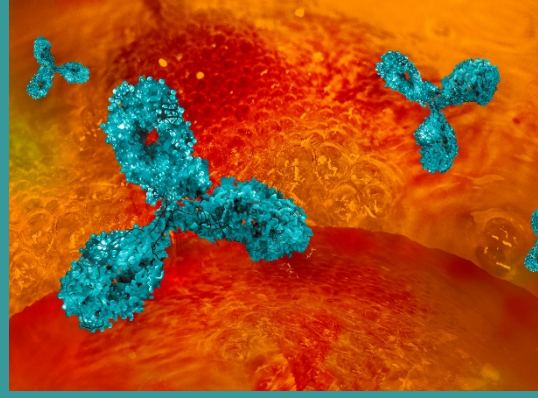


SCANCELL

SCANCELL

AGM presentation

November 2021

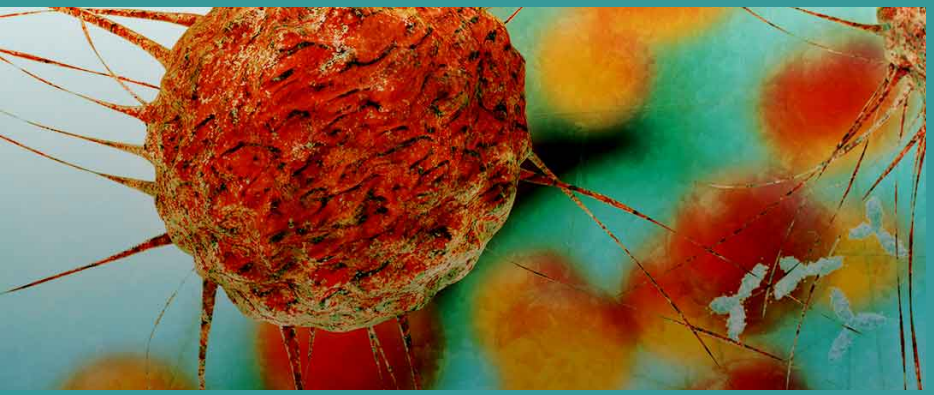
Dr John Chiplin – Chairman

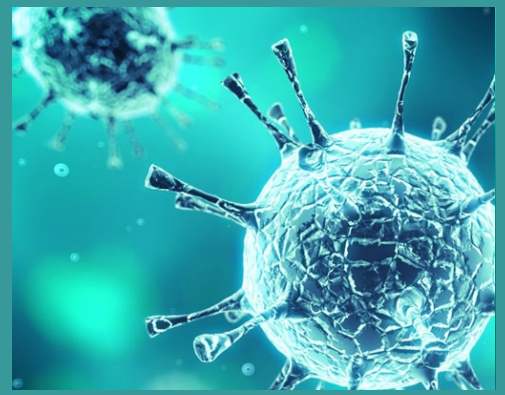
Professor Lindy Durrant – CEO, CSO

Dr Sally Adams – Chief Development Officer

Professor Christian Ottensmeier, Clatterbridge Cancer Centre and University of Liverpool

LSE: SCLP.L





DISCLAIMER

This date hereof. The presentation has not been independently verified and no representation or warranty, express or implied, is made or given by presentation has been prepared by Scancell Holdings plc (the "Company") for general information purposes only.

This presentation may not be copied, distributed, reproduced or passed on, directly or indirectly, in whole or in part, or disclosed by any recipient, to any other person (whether within or outside such person's organisation or firm) or published in whole or in part, for any purpose or under any circumstances.

None of the Company or any of its directors, officers, employees, agents, affiliates, representatives or advisers (together, "Affiliates") or any other person makes any representation or warranty, express or implied, as to the accuracy or completeness of the information or opinions contained in this presentation and no reliance should be placed on the accuracy, completeness or fairness of the information or opinions contained in this presentation and no responsibility or liability is assumed by any such persons for any such information or opinions or for any errors or omissions.

To the fullest extent permitted by law, none of the Company, its Affiliates or any other person accepts any liability whatsoever for any errors, omissions or inaccuracies in such information or opinions or for any loss, cost or damage suffered or incurred howsoever arising, directly or indirectly, from any use of this presentation or its contents or otherwise in connection with the subject matter of this presentation or any transaction. The information contained in this presentation is not to be relied upon for any purpose whatsoever. All information presented or contained in this presentation is subject to verification, correction, amendment, completion and change without notice, and such information may change materially. In giving this presentation, none of the Company, its Affiliates or any other person, undertakes any obligation to amend, correct or update this presentation or to provide the recipient with access to any further information that may arise in connection with it, or to advise any person of changes in the information set forth in this presentation after the or on behalf of the Company or any of its parent or subsidiary undertakings, or the subsidiary undertakings of any such parent undertakings, or any of such person's respective Affiliates, as to, and no reliance should be placed on, the accuracy, completeness or fairness of the information or opinions contained in this presentation and no responsibility or liability is assumed by any such persons for any such information or opinions or for any errors or omissions. All information presented or contained in this presentation is subject to verification, correction, completion and change without notice. In giving this presentation, none of the Company or any of its parent or subsidiary undertakings, or the subsidiary undertakings of any such parent undertakings, or any of such person's respective Affiliates, undertakes any obligation to amend, correct or update this presentation or to provide the recipient with access to any further information that may arise in connection with it.

This presentation does not and is not intended to constitute or form part of, and should not be construed as, any offer, inducement, invitation, commitment or recommendation to purchase, sell or subscribe for any securities, services or products of the Company in any jurisdiction and neither the issue of the information nor anything contained in this presentation shall form the basis of or be relied upon in connection with, or act as an inducement to enter into, any investment activity. This presentation does not purport to contain all of the information that may be required to evaluate any investment in the Company or any of its securities and should not be relied upon to form the basis of, or be relied on in connection with, any contract or commitment or investment decision whatsoever. This presentation is not intended to provide complete disclosure upon which an investment decision could be made. The merit and suitability of an investment in the Company should be independently evaluated and any person considering such an investment in the Company is advised to obtain independent advice as to the legal, tax, accounting, financial, credit and other related advice prior to making an investment.

To the extent available, the data contained in this presentation has come from official or third party sources. Third party industry publications, studies and surveys generally state that the data contained therein have been obtained from sources believed to be reliable, but that there is no guarantee of the accuracy or completeness of such data. While the Company believes that each of these publications, studies and surveys has been prepared by a reputable source, the Company has not independently verified the data contained therein. In addition, certain of the data contained in this presentation come from the Company's own internal research and estimates based on the knowledge and experience of the Company's management in the market in which the Company operates. While the Company believes that such research and estimates are reasonable and reliable, they, and their underlying methodology and assumptions, have not been verified by any independent source for accuracy or completeness and are subject to change without notice. Accordingly, undue reliance should not be placed on any of the data contained in this presentation.

This presentation includes forward-looking statements and the words "expect", "anticipate", "intends", "plan", "estimate", "aim", "forecast", "project" and similar expressions (or their negative) identify certain of these forward-looking statements. These forward-looking statements are statements regarding the Company's intentions, beliefs or current expectations concerning, among other things, the Company's results of operations, financial condition, liquidity, prospects, growth, strategies and the industry in which the Company operates, and include statements regarding the Company’s planned pre-clinical studies and clinical trials, regulatory approval process, and demand for the Company’s product candidates are subject to risks, uncertainties, and other factors that could cause actual results to differ materially from those suggested by the Company’s forward-looking statements. The forward-looking statements in this presentation are based on numerous assumptions regarding the Company's present and future business strategies and the environment in which the Company will operate in the future. Forward-looking statements involve inherent known and unknown risks, uncertainties and contingencies because they relate to events and depend on circumstances that may or may not occur in the future and may cause the actual results, performance or achievements of the Company to be materially different from those expressed or implied by such forward-looking statements. Many of these risks and uncertainties relate to factors that are beyond the Company's ability to control or estimate precisely, such as future market conditions, currency fluctuations, the behaviour of other market participants, the actions of regulators and other factors such as the Company's ability to continue to obtain financing to meet its liquidity needs, changes in the political, social and regulatory framework in which the Company operates or in economic or technological trends or conditions. Past performance should not be taken as an indication or guarantee of future results, and no representation or warranty, express or implied, is made regarding future performance. Except as required by applicable law or regulation, none of the Company, its Affiliates or any other person accepts undertakes any obligation to update or revise any forward-looking statements in this presentation, whether as a result of new information, future events or otherwise, or to update or to keep current any other information contained in this presentation. Accordingly, undue reliance should not be placed on the forward-looking statements, which speak only as of the date of this presentation.

DISCLAIMER CONT'D

The financial information contained in this presentation is based on publicly available historic financial information of the Company and is not intended to be a profit forecast or profit estimate under applicable rules. Due to rounding, numbers presented throughout this presentation may not add up precisely to the totals provided and percentages may not precisely reflect the absolute figures.

This presentation has not been approved by an authorised person in accordance with section 21 of the Financial Services and Markets Act 2000. As such this presentation is being made available only to and is directed only at: (a) persons outside the United Kingdom; (b) persons having professional experience in matters relating to investments falling within Article 19(5) of the Financial Services and Markets Act 2000 (Financial Promotion) Order 2005 (the "Order"); (c) members or creditors of the Company within the meaning of Article 43 of the Order or (d) high net worth bodies corporate, unincorporated associations and other persons falling with Article 49(2) (a) to (d) of the Order, and other persons to whom it may otherwise lawfully be communicated (all such persons together being referred to as "relevant persons"). This presentation must not be acted or relied upon by persons other than relevant persons. Any investment or investment activity to which this presentation relates is only available to, and will be engaged in only with, relevant persons. Any failure to comply with these restrictions constitutes a violation of the laws of the United Kingdom. This presentation is not for publication, release or distribution, directly or indirectly, and may not be taken or transmitted, in or into the United States, Australia, Canada, New Zealand, Japan, the Russian Federation, the Republic of Ireland or the Republic of South Africa or any other jurisdiction where to do so would be unlawful and may not be copied, forwarded, distributed or transmitted in or into the United States, Australia, Canada, New Zealand, Japan, the Russian Federation, the Republic of Ireland or the Republic of South Africa or any other jurisdiction where to do so would be unlawful. The distribution of this presentation in any other jurisdictions may be restricted by law and persons into whose possession this presentation comes should inform themselves about, and observe any such restrictions. Any failure to comply with such restrictions may constitute a violation of the laws of the United States, Australia, Canada, New Zealand, Japan, the Russian Federation, the Republic of Ireland or the Republic of South Africa or any other such jurisdiction.

This presentation and the information contained herein is not intended for publication or distribution in, and does not constitute an offer of securities in, the United States or to any U.S. person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended), Australia, Canada, New Zealand, Japan, the Russian Federation, the Republic of Ireland or the Republic of South Africa or any other jurisdiction where such distribution or offer is unlawful.

Any reference to any provision of any legislation in this presentation shall include any amendment, modification, re-enactment or extension thereof.

By accessing this presentation, you agree to be bound by the foregoing limitations.

Dr John Chiplin

Chairman

STRONG PROGRESS DURING TRANSFORMATIVE PERIOD

FINANCIAL YEAR ENDED 30 APRIL 2021 & POST-PERIOD

Financials

- Raised £48m (£46.1m net) and welcomed Redmile Group as largest shareholder

Moditope®

- Modi-1 CTA approved with First-in-Human clinical trial in multiple solid tumours to start before end of 2021
- Modi-2 development programme initiated

ImmunoBody®

- Phase 1 COVIDITY study started in South Africa using PharmaJet needle-free injection system
- SCIB1 Phase 2 checkpoint inhibitor combination study first patient dosed; four UK centres recruiting, two more close to initiation, target 10

TaG antibodies

- Five anti-Tumour-associated Glycan (TaG) antibodies currently being humanised and evaluated for further development

AvidiMab™

- The utility of the AvidiMab™ platform has been expanded to increase utility of any vaccine or antibody product

Company infrastructure

- Professor Lindy Durrant appointed full time CEO
- New lab and office space on Oxford Science Park fitted out and operational
- Headcount increased to 44

SUMMARY FINANCIALS

Audited Financials

£'000, 30 April Y/E	2019	2020	2021
Development	(4,152)	(4,667)	(6,406)
Administrative	(2,557)	(2,115)	(3,346)
Grant income	0	0	918
Operating loss	**(6,729)**	**(6,782)**	**(8,834)**
Net finance expenses	15	14	(7,971)
Loss before taxation	**(6,714)**	**(6,768)**	**(16,805)**
Taxation	1,087	1,262	1,328
Loss for the year	**(5,627**	**(5,506)**	**(15,477)**
Bank balance	**4,560**	**3,575**	**41,110**

Share Capital

Shares in Issue

Shares outstanding: 815,218,831

Fully diluted shares outstanding: 1,019,693,626

(after conversion of convertible loan notes and exercise of share options)

Significant Shareholders

Redmile Group — **29.66%**

VULPES — **14.37%**

Calculus CAPITAL — **5.57%**

Convertible Loan Notes: £19.65m *(maturity date extended to H2 2025)*

Professor Lindy Durrant

Chief Executive Officer

SCANCELL: AT THE FOREFRONT OF CLINICAL IMMUNOLOGY

VISION

Improve patient outcomes and shareholder value

Scancell's goal is to build a sustainable company turning science into world leading vaccines and antibodies targeting

POST-TRANSLATIONAL MODIFICATIONS

- Increase expertise
- Clinical results
- Partnerships

VACCINES

Stimulate potent killer T cells

MODITOPE®

Modi-1: Citrullination Phase 1/2 trial in breast, ovarian, renal and head & neck cancer to start 1H'21

Modi-2: Homocitrullination Targeting different solid tumours

IMMUNOBODY®

SCIB1: Phase 2 trial in melanoma patients receiving immune checkpoint inhibitor

iSCIB1 & iSCIB2: AvidiMab modified multi-epitope vaccines

COVIDITY: Adapted for COVID-19 trial

ANTIBODIES

Monoclonal antibodies used to target tumours

TaG mAbs

Anti-glycan mAbs x 4: Monoclonal antibodies (mAbs) targeting Tumour-associated Glycans (TaGs) on cancer cells

Anti-glycan mAb x 1: Targeting T cells

AVIDIMAB™

Antibody AvidiMabs: Broad potential for enhancing potency of any mAb

Vaccine AvidiMabs: Broad potential for enhancing potency of vaccines

19 patent families; 27 peer reviewed articles

OVERVIEW OF PIPELINE & KEY UPCOMING EVENTS

Lead candidates	Preclinical	Clinical	KEY UPCOMING EVENTS
VACCINES			
Modi-1 Triple negative breast, ovarian, renal, head & neck			*Safety and immunological data: H1 2022* *Efficacy data: 2022 - 2023*
Modi-2 Multiple solid tumours			*Preclinical development: Ongoing* *Clinical development: Start: 2023*
SCIB1 Late-stage melanoma			*Efficacy data: 2022*
COVIDITY Covid-19 vaccine			*Safety and immunological data: H1 2022*
iSCIB1+ and iSCIB2 Melanoma			*Entering preclinical development: H2 2021*
ANTIBODIES			
TaG antibodies Multiple solid tumours			*Preclinical validation: 2022*
AvidiMab Modified platforms (including IBs)			*Preclinical validation: 2022*

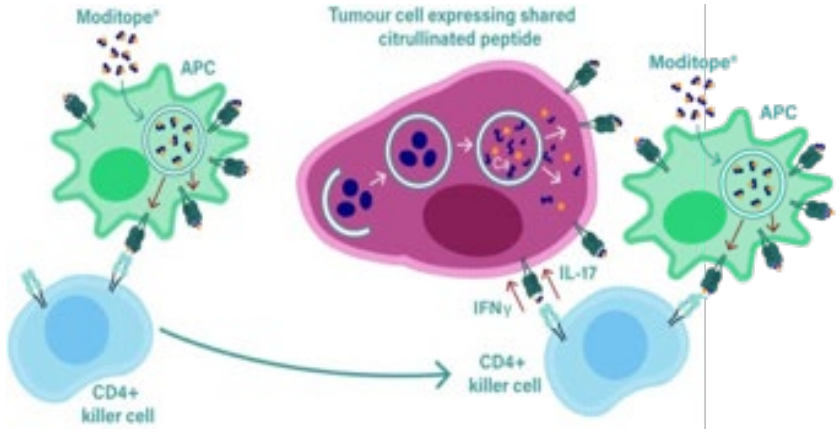
VACCINES: MODIFIED-PEPTIDE & DNA TECHNOLOGIES DRIVE POTENT T-CELL RESPONSES

- Two modified-peptide cancer vaccines based on proprietary MODITOPE® technology
- Multiple clinical stage DNA vaccines for cancer and infectious disease

MODIFIED PEPTIDE VACCINES

MODITOPE®

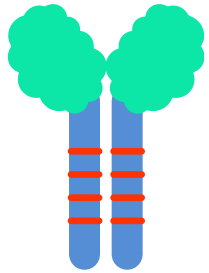
- Modified peptides activate killer T-helper cells which seek and destroy cancer cells
- Significant increase in survival seen after vaccination
- **Modi-1 = citrullination** TNBC, HNSCC, ovarian, renal cancers approved for Phase 1/2
- **Modi-2 = homocitrullination** Different multiple solid cancers in preclinical development



DNA VACCINES

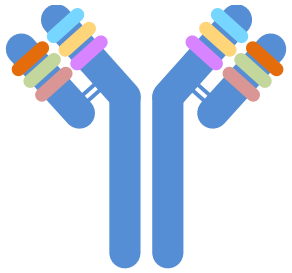
COVIDITY™

- Differentiated COVID-19 vaccine with new needle-free delivery system
- **SCOV1 & SCOV2** Phase 1 trial underway in South Africa
- Adapted from ImmunoBody® DNA plasmid
- AvidiMab™ technology increases potency of T-cell response providing longer-term protection & immunological memory
- Developed with University of Nottingham, Trent University & PharmaJet



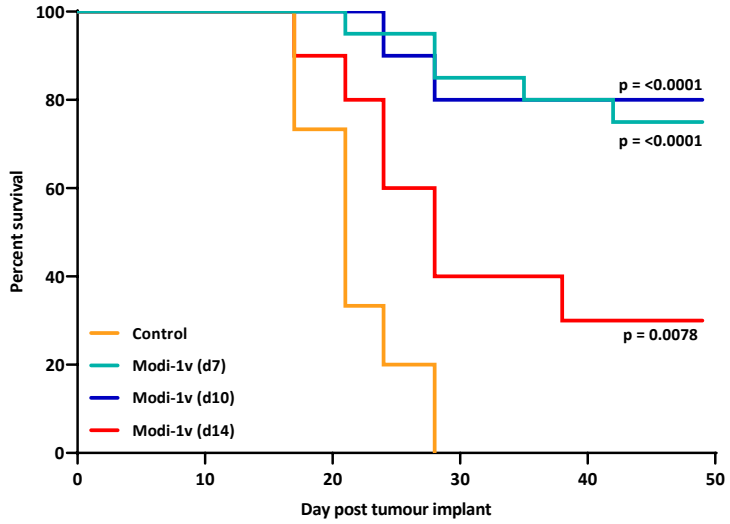
IMMUNOBODY®

- Generates potent T-cell responses capable of a broad anti-tumour effect
- Cancer associated T-cell epitopes engineered into a human antibody framework to make a genetic antigen/antibody complex
- Proprietary patent protected platform
- **SCIB1** Phase 2 clinical trial with immune checkpoint inhibitor ongoing in melanoma
- **iSCIB1+ & iSCIB2** enhanced with AvidiMab™ technology



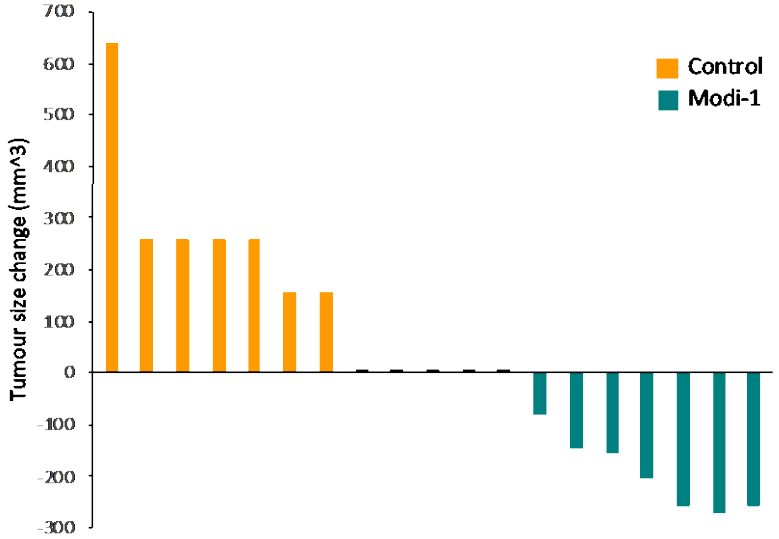
MODI-1 VACCINE IS EFFECTIVE AGAINST ADVANCED TUMOURS

- B16cDR4 tumours established in HLA-DR4 transgenic mice (d1)
- Modi-1v peptides plus adjuvant administered on d7, d10 or d14
- 30-50% of animals treated survived
- Survival in treated groups statistically significant compared to control



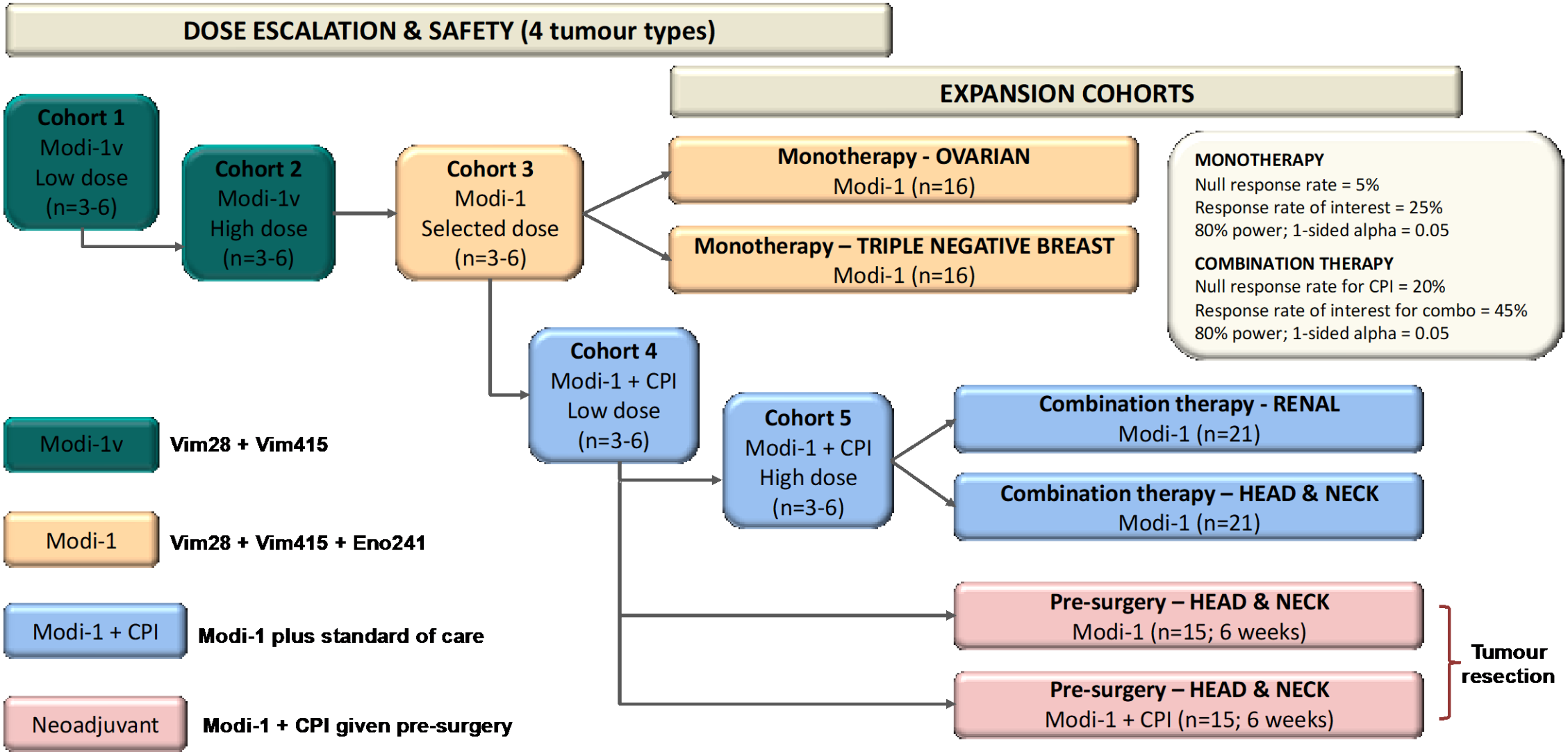
A single dose of Modi-1 results in significant survival response even against d14 tumours

- B16iDP4 tumours established in DP4 transgenic mice (d1)
- Modi-1 peptides plus adjuvant administered when tumours reach more than 5 x 5 mm in size
- Tumour regression seen within 4 days of Modi-1 vaccination
- Correlates with rapid & potent immune responses



Modi-1 causes regression of established tumours within 4 days of immunisation

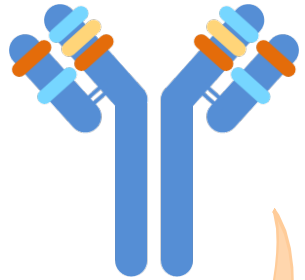
MHRA-APPROVED MODI-1 CLINICAL TRIAL DESIGN



SCIB1 PHASE 2 TRIAL IN MELANOMA

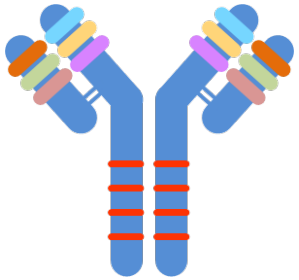
SCIB1 IN COMBINATION WITH CHECKPOINT INHIBITOR KEYTRUDA FOR THE TREATMENT OF METASTATIC MELANOMA

- Trial rationale based on excellent 5-year survival data in Phase 1/2 trial in resected late-stage patients
- Patient recruitment impacted by
  - Ongoing COVID-19 pandemic
  - Changes in the treatment of metastatic melanoma with many patients receiving doublet treatment (ipilimumab plus CPI) rather than Keytruda® alone
- Recruitment has re-started following approval of a protocol amendment to reduce patient hospital visits and allow remote monitoring of the trial; **first patient dosed**
- Four clinical centres now operational and actively screening patients, with additional trial sites under evaluation



EXPANDING THE UTILITY OF IMMUNOBODY® WITH AVIDIMAB™ MODIFICATION

- iSCIB1+ has potential to increase both the potency of SCIB1 and extend patent life
- iSCIB1+ includes multiple epitopes so it can be used to treat all patients
- iSCIB2 is AvidiMab™ modified version of SCIB2, expressing NY-ESO-1
- Preclinical data shows both iSCIB1+ and iSCIB2 have excellent anti-tumour efficacy

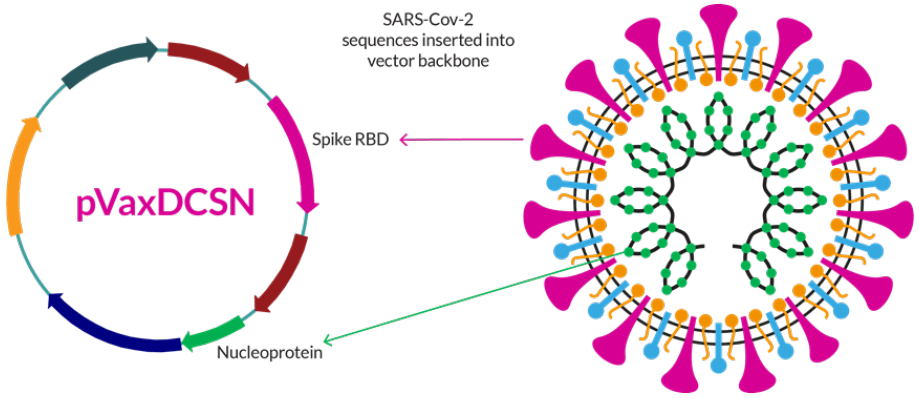


COVIDITY – A SECOND GENERATION VACCINE FOR COVID-19

A DIFFERENTIATED COVID-19 VACCINE ADAPTED FROM IMMUNOBODY® DNA APPROACH

Targeting two SARS-CoV-2 viral antigens

- SARS-CoV-2 nucleocapsid protein (N-protein)
- SARS-CoV-2 spike protein (S-protein)



- Targets the S protein to induce VNAbs that prevent the SARS CoV-2 virus from entering cells but also induces strong T cell responses to both the S and N proteins to clear and destroy virally-infected cells and prevent further viral replication
- As the N protein is well-conserved between coronaviruses, the COVIDITY vaccine has the potential to be effective against new variants of coronavirus in addition to the current SARS-CoV-2 strain
- Use of the **AvidiMab™** technology increases the potency of the T cell response for longer-term protection and immunological memory
- New needle free delivery system

PharmaJet® Needle-free Injection System

UKRI Innovate UK

NTU Nottingham Trent University

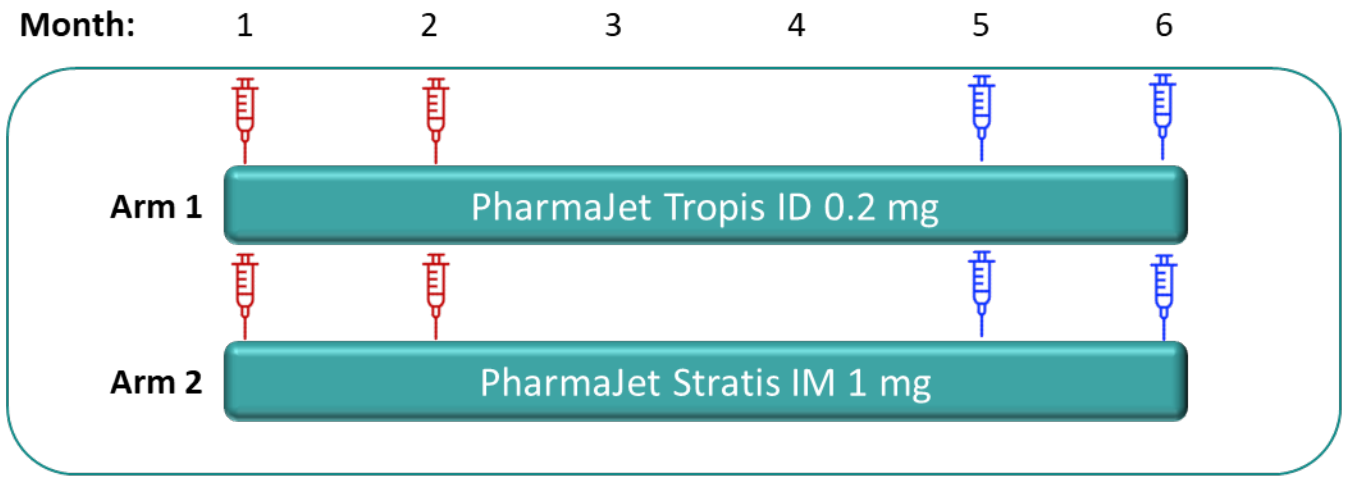
The University of Nottingham

NOTTINGHAM TRENT UNIVERSITY

COVIDITY – PHASE 1 TRIAL DESIGN

Phase 1 First-in-Human open-label study to assess the safety, tolerability and immunogenicity of SCOV1 and SCOV2 vaccines administered by needle-free injection in pre-vaccinated (UK) and naïve healthy adults (South Africa)

South Africa Phase 1



Naïve subjects

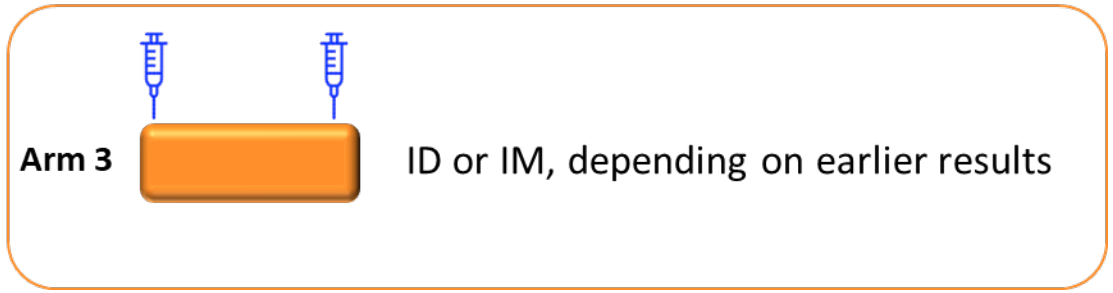
Pre-vaccinated subjects

SCOV1 vaccine

SCOV2 vaccine

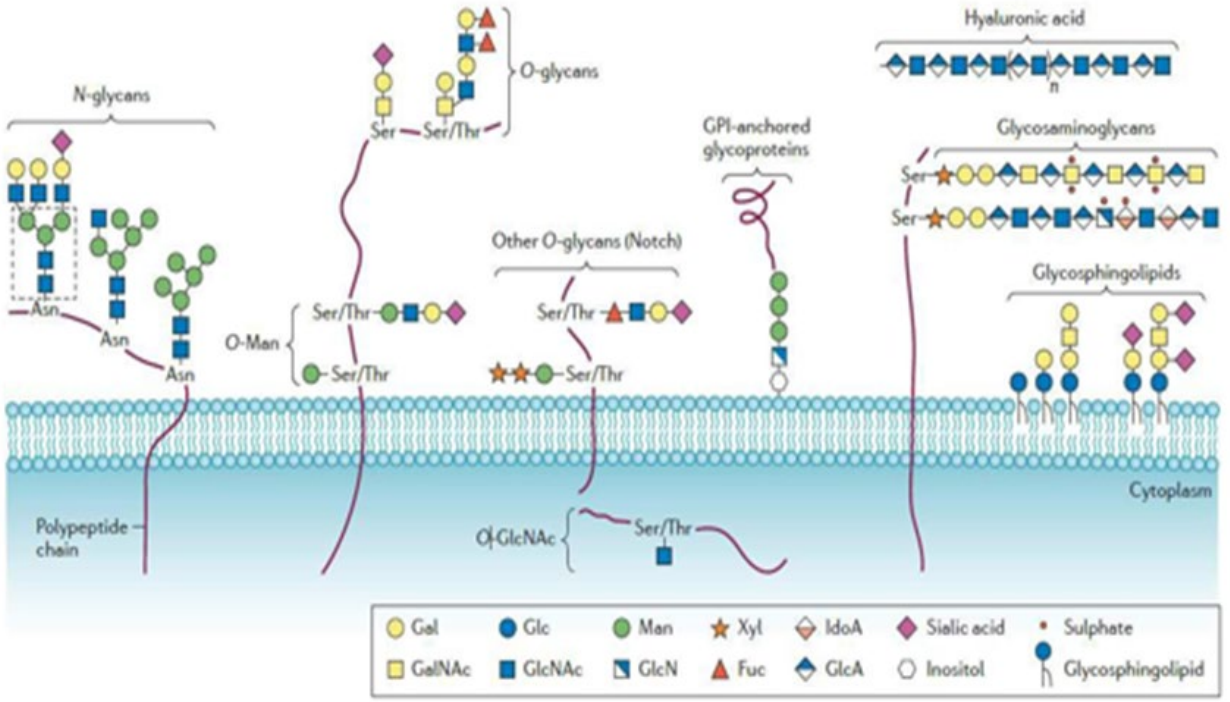
Safety data in naive subjects

UK Phase 1



ANTIBODIES – UNLOCKING THE VALUE OF TaGS

- Glycans are post-transcriptional modifications which are highly dysregulated in cancer making them excellent tumour selective targets



Nat Rev Cancer; September 2015

- Robust pipeline with five mAb candidates
  - Four anti-TAG antibodies targeting a range of cancers
  - One T-cell targeting antibody

TaG ANTIBODY PLATFORMS

SC129
- Lead candidate
- Sialyl-di-lewis^{a}
- **Pancreatic**

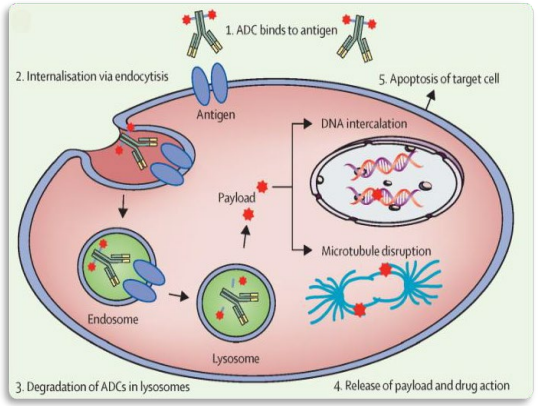
SC134
- Functional analysis
- Fucosyl GM1
- **Small cell lung cancer**

SC88
- Lead candidate
- Lewis^{acx}
- **Colorectal**

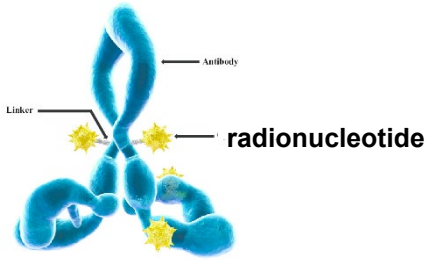
SC27
- Functional analysis
- Lewis^{y}
- **Gastric**

SC2811
- Target validation
- SSEA4 on human and mouse T stem memory cells
- Checkpoint modulator
- **Any solid tumour**

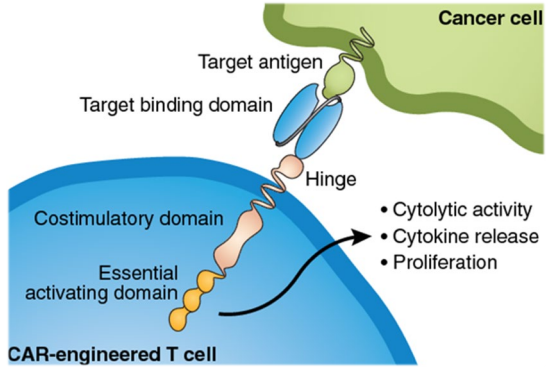
POTENTIAL FOR EACH ANTIBODY TO BE DEVELOPED INTO MULTIPLE PRODUCTS



Antibody drug conjugates

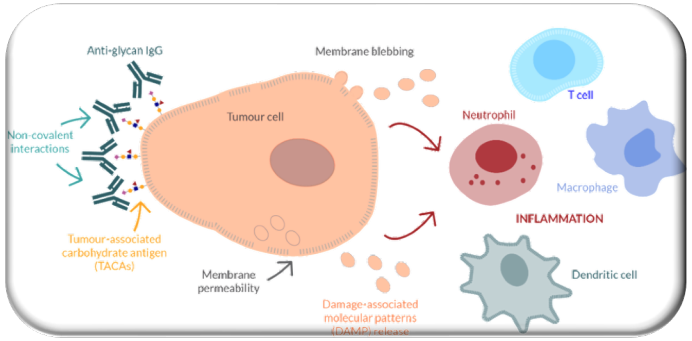


Radioimmunotherapy



Leukemia & Lymphoma 2018;59(8):1785

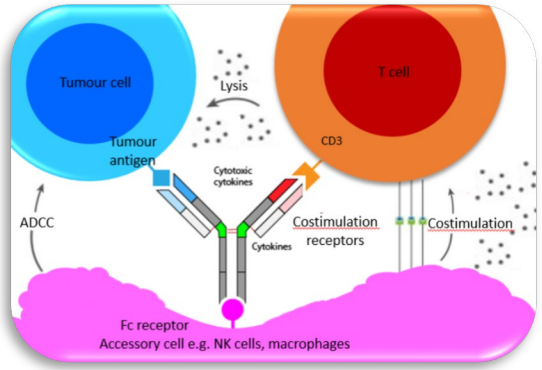
Chimeric antigen receptors (CAR)



AvidiMab™ inducing immunogenic cell death

Expression of same glycan on multiple proteins and lipids allows the same antibody to be developed into multiple products

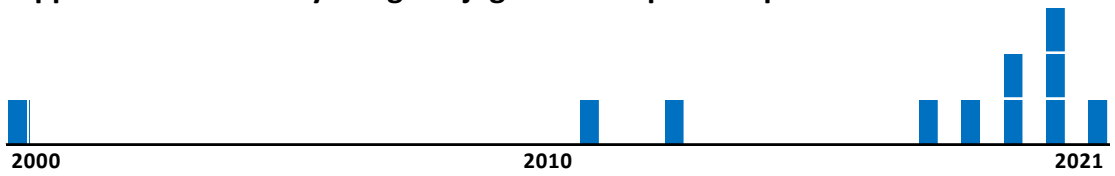
Each TaG is a platform



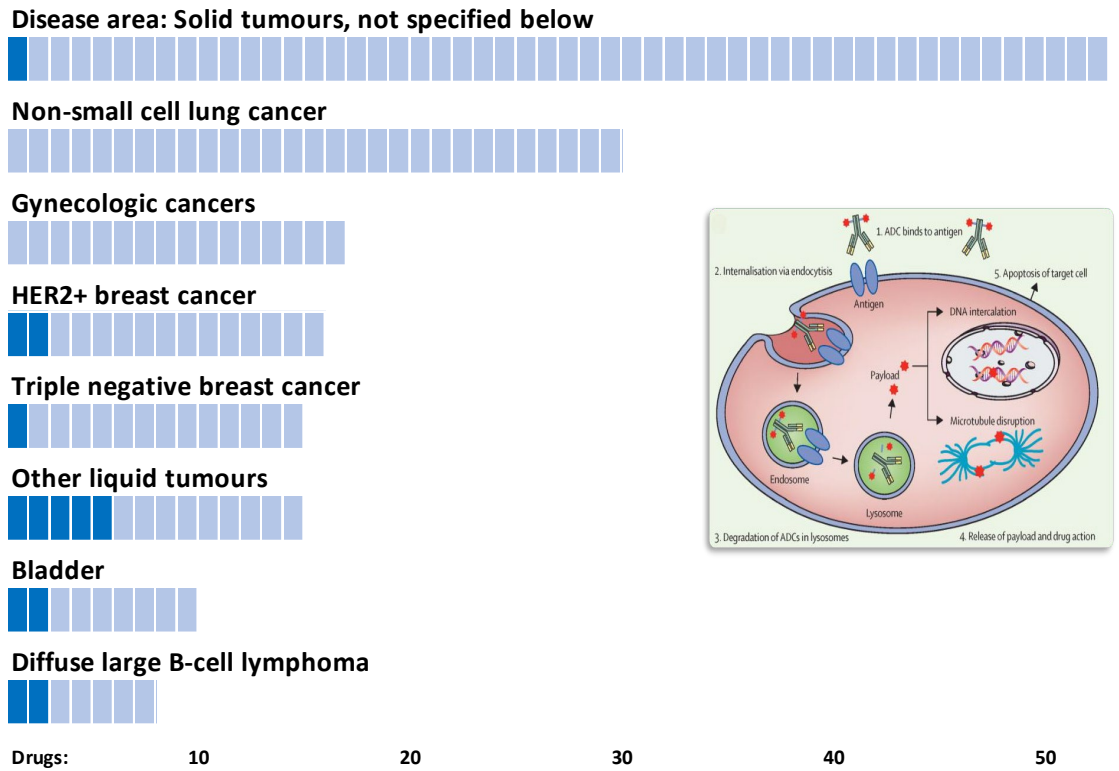
Bispecific antibodies

MARKET POTENTIAL FOR ADCs

Approvals of Antibody-Drug Conjugates have picked up...



...with many more ADCs in clinical development



Source: Evercore ISI

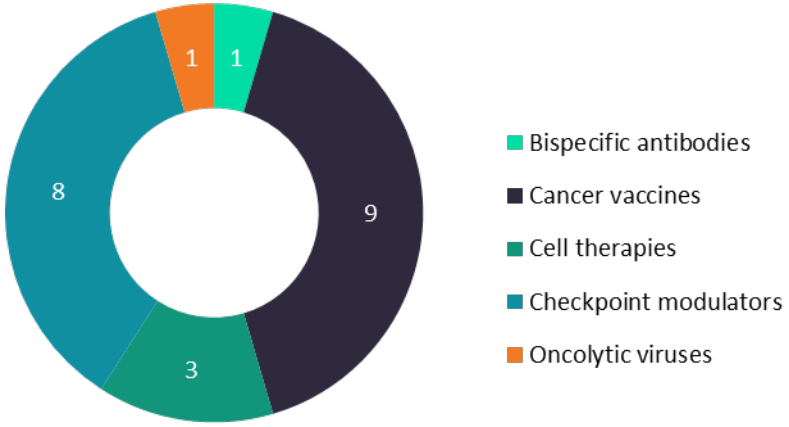
ADC market is estimated to be valued at US$4.29B in 2021 and is expected to surpass US$ 11.01B, globally, by end of 2028 at a compound annual growth rate of 14%

Source: Coherent Market Insights (CMI)

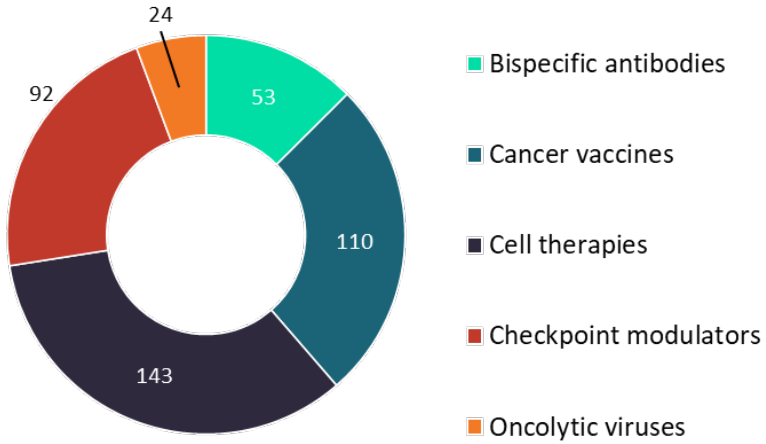
FDA approved ADCs as of September 2021

Drug	Trade name	Maker	Condition	Target	Approval Year
Gemtuzumab ozogamicin	Mylotarg	Pfizer/Wyeth	Relapsed acute myelogenous leukemia (AML)	CD33	2017 2000
Brentuximab vedotin	Adcetris	Seattle Genetics, Millennium/Takeda	Relapsed HL and relapsed sALCL	CD30	2011
Trastuzumab emtansine	Kadcyla	Genentech, Roche	HER2-positive metastatic breast cancer (mBC)	HER2	2013
Inotuzumab ozogamicin	Besponsa	Pfizer/Wyeth	CD22-positive B-cell precursor acute lymphoblastic leukemia	CD22	2017
Moxetumomab pasudotox	Lumoxiti	Astrazeneca	Hairy cell leukemia (HCL)	CD22	2018
Polatuzumab vedotin-piiq	Polivy	Genentech, Roche	Diffuse large B-cell lymphoma (DLBCL)	CD79	2019
Enfortumab vedotin	Padcev	Astellas/Seattle Genetics	Urothelial cancer	Nectin-4	2019
Trastuzumab deruxtecan	Enhertu	AstraZeneca/ Daiichi Sankyo	HER2-positive breast cancer	HER2	2019
Sacituzumab govitecan	Trodelvy	Immunomedics	Triple-negative breast cancer (mTNBC)	Trop-2	2020
Belantamab mafodotin-blmf	Blenrep	GlaxoSmithKline	Multiple myeloma	BCMA	2020
Loncastuximab tesirine-lpyl	Zynlonta	ADC Therapeutics	Large B-cell lymphoma	CD19	2021
Tisotumab vedotin-tftv	Tivdak	Seagen Inc	Cervical cancer	Tissue factor	2021

Marketed immuno-oncology products

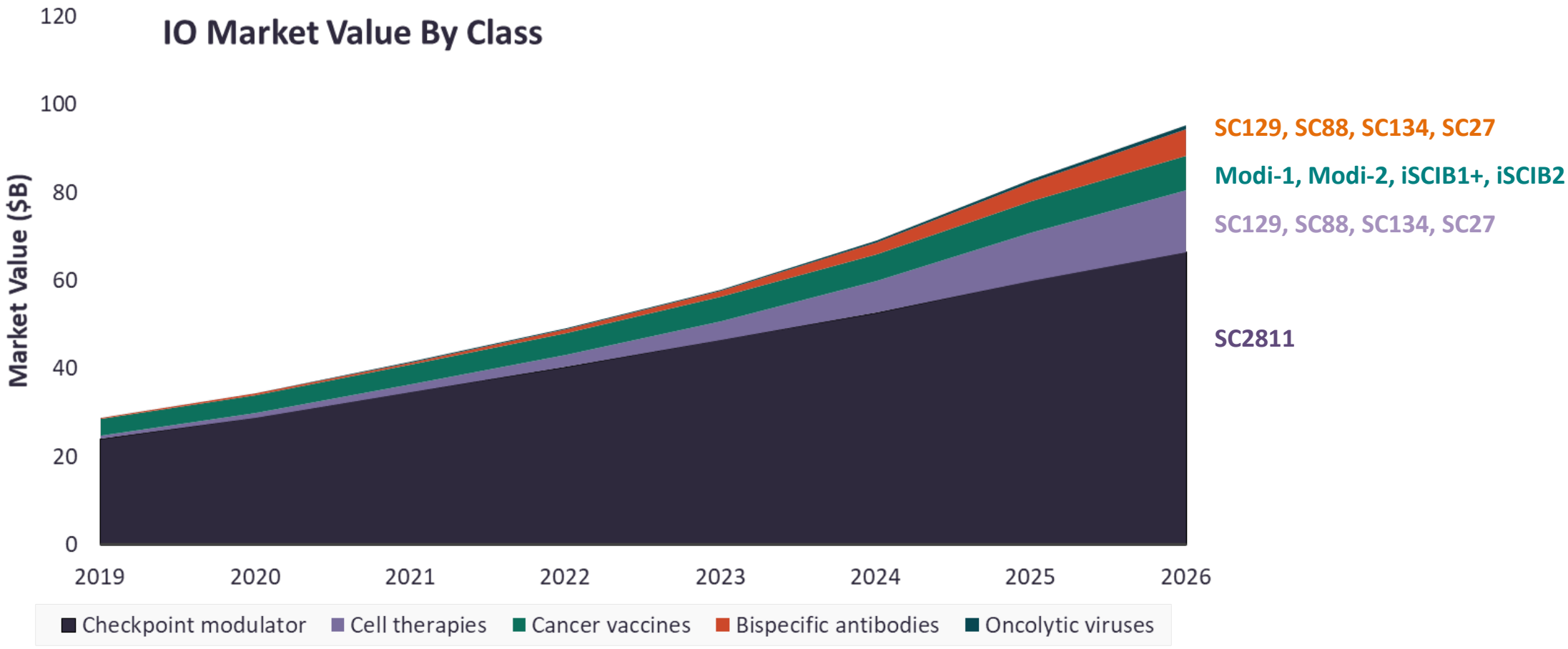


Number, type & phase of pipeline products



Key metrics in the seven major pharmaceutical markets (7MM)
Source: GlobalData, Pharma Intelligence Center [December 2020]

MARKET ANALYSIS & FORECAST



Sales of products that comprise the five classes of IO are forecast to reach over $95B by 2026

Source: GlobalData, Pharma Intelligence Centre – Consensus Analyst Forecasts [December 2020]

SCANCELL: AT THE FOREFRONT OF CLINICAL IMMUNOLOGY

1 CLINICAL IMMUNOLOGY PLATFORMS GENERATING PRODUCT CANDIDATES

- Three innovative proprietary platforms: Moditope®, ImmunoBody® and AvidiMab™
  - Delivering highly promising vaccines & antibody products for oncology & infectious diseases
  - Validation via partnerships with key industry players & academic research centres

2 VACCINE PRODUCT CANDIDATES IN CLINICAL DEVELOPMENT

- Two modified peptide vaccines based on Moditope® technology
  - Modi-1 Phase 1/2 first patient expected Q4 2021 (TNBC, ovarian, renal, HNSCC)
  - Modi-2 in development for different, multiple solid tumours
- Multiple clinical stage DNA vaccines
  - SCIB1 Phase 2 in melanoma, iSCIB1+/iSCIB2 in development; SCOV1 & SCOV2 Phase 1 for COVID-19

3 ANTIBODY PRODUCT CANDIDATES IN CLINICAL DEVELOPMENT

- Anti-glycan antibodies targeting pancreatic, small cell lung, colorectal, gastric cancer which can be used in multiple fields such as ADC, CAR, redirected therapy or radioimmunotherpy
- Opportunity to leverage AvidiMab™ platform to improve anti-tumour activity of mAb candidates and validate in the clinic

4 EXPERIENCED MANAGEMENT TEAM AND BOARD OF DIRECTORS

- Co-founder & CEO Professor Lindy Durrant - internationally recognised immunologist with over 25 years' experience in translational research
- Experienced management team & Board of Directors
- Shareholders: Redmile Group c.30% VULPES c.14% Calculus CAPITAL c.5.5%

CREATING VALUE FOR THE FUTURE – FOUR PROGRESS AREAS

1 CLINICAL DATA	Strengthen and build the clinical team and KOL networks Drive the maximum number of products into the clinic and generate meaningful clinical data SCIB1, COVIDITY & Modi-1 Phase 1/2 interim data expected within next 18 months
2 PIPELINE EXPANSION	Extend utility of Moditope® platform beyond Modi-1 Expand utility of the ImmunoBody® platform Expand utility & validation of anti-glycan mAbs & AvidiMab™ platform
3 TECHNOLOGY PARTNERSHIPS	Evaluate and implement enabling technologies to further de-risk development, including ▪ Needle-free injection (Immunobody®) ▪ Adjuvant (Moditope®) ▪ ADC/CART for antibodies
4 INDUSTRY PARTNERSHIPS	Expand and strengthen business development activities Explore synergies with large Pharma/Biotech for vaccine and antibody programmes

VISION

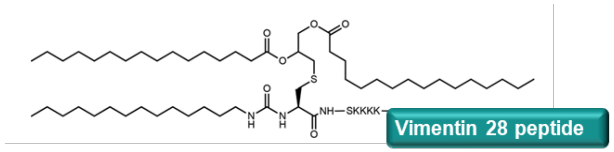
Build a sustainable company turning science into medicine using our world leading technology in vaccines and antibodies targeting POST-TRANSLATIONAL MODIFICATIONS

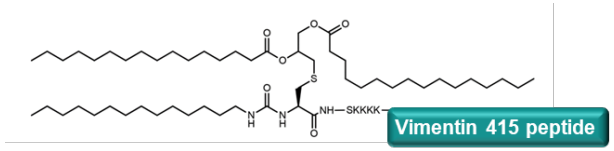
IMPROVE PATIENT OUTCOMES AND SHAREHOLDER VALUE

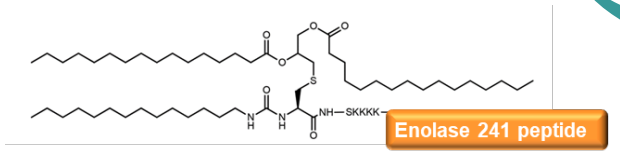
Dr Sally Adams
Chief Development Officer

MODI-1 MANUFACTURING

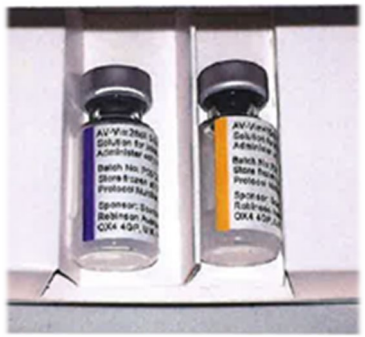
- Modi-1 conjugates
  - Vim28 + Vim415 + Eno241
  - Hydrophobic peptide conjugates
  - Challenging synthetic properties
  - Manufacturing process for all conjugates developed; some supply chain issues
- First-in-Human study
  - Novel, cutting edge products
  - Patient safety paramount
  - Confirm safety of citrullinated vimentin peptides
  - Add citrullinated enolase peptide







Modi-1v



Modi-1

MODI-1-001 CLINICAL TRIAL

REGULATORY APPROVALS

- MHRA Scientific Advice meeting and follow up discussions
- Start of trial impacted by pandemic; focus on COVID-19 trials
- Investigational Medicinal Product Dossiers and protocol submitted
- Approval for first in human clinical trial in patients with triple negative breast cancer, ovarian cancer, head & neck cancer, and renal cancer in August 2021
- Ethics and HRA approvals obtained in October 2021

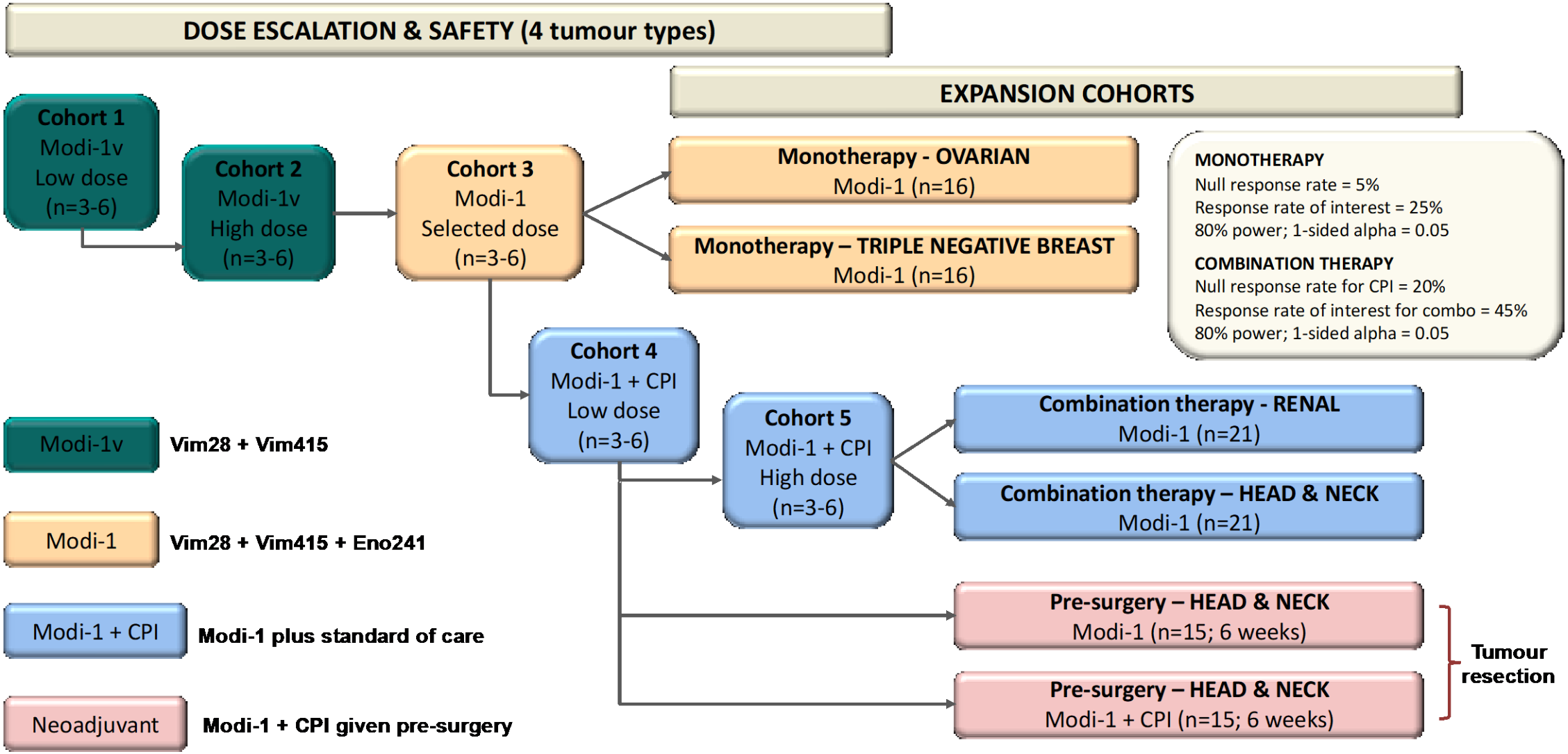
MHRA
Regulating Medicines and Medical Devices

CLINICAL OPERATIONS

- Principal Investigator – Prof Christian Ottensmeier, Clatterbridge Cancer Centre, Liverpool
- Feasibility evaluation of multiple, additional sites underway

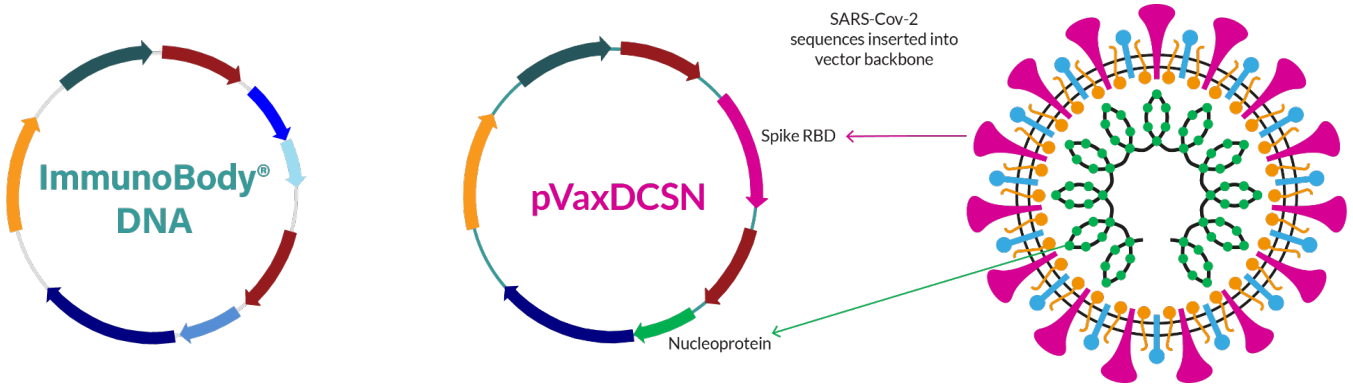
NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

MHRA-APPROVED MODI-1 CLINICAL TRIAL DESIGN



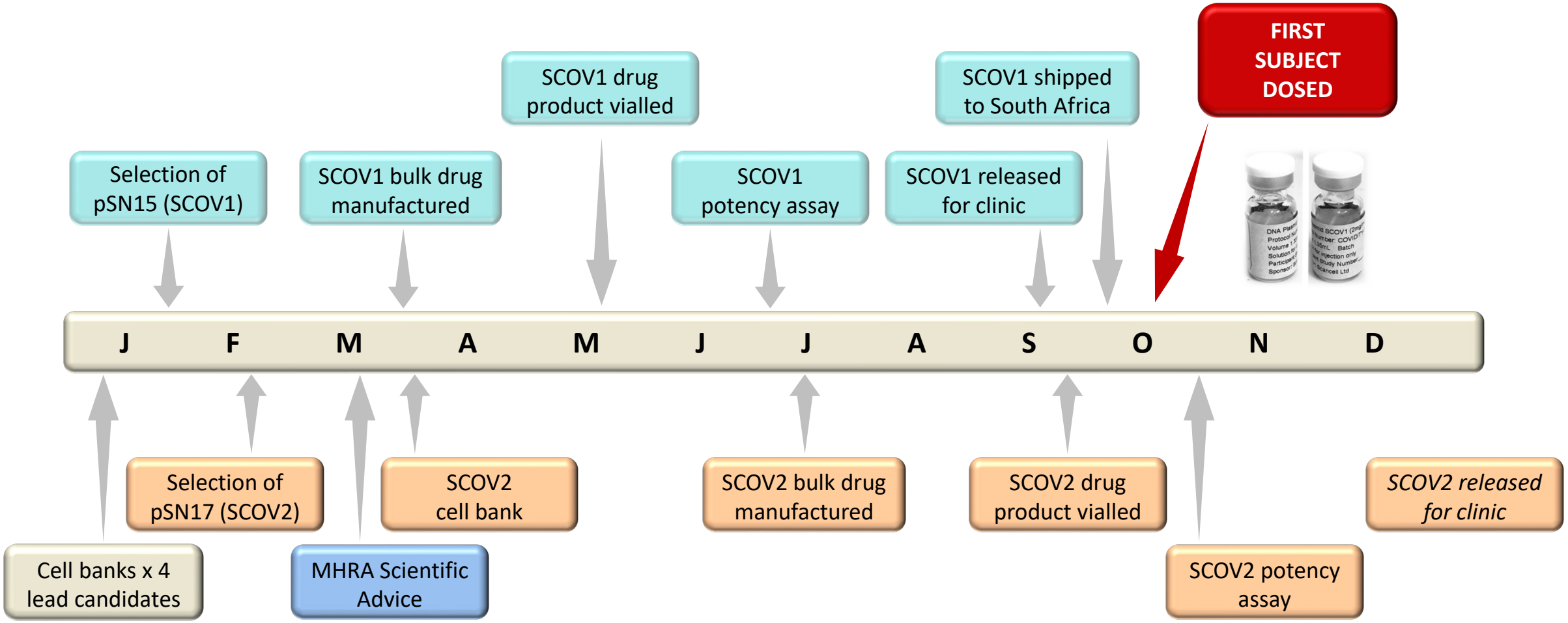
COVIDITY – A SECOND GENERATION VACCINE FOR COVID-19

RAPID ACCELERATION FROM RESEARCH TO CLINIC



- Drug Product is plasmid DNA based on ImmunoBody platform
- ImmunoBody SCIB1 used safely in Phase 1/2 melanoma clinical trial
- Rapid progression of pVaxDCSN to clinic
- Reduced preclinical toxicity testing required
- From research to clinic in 9 months

COVIDITY – MANUFACTURING TIMELINE 2021



COVIDITY – CLINICAL TIMELINE 2021

Covidity

Cape Town selected

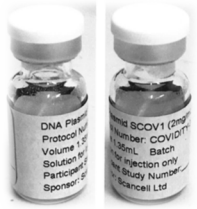
Site activated

FIRST SUBJECT DOSED

Vaccine naïve in South Africa

SAPHRA approval

Ethics approval



J F M A M J J A S O N D

MHRA Scientific Advice

MHRA follow-up trial design

Synexa selection for T cell assays

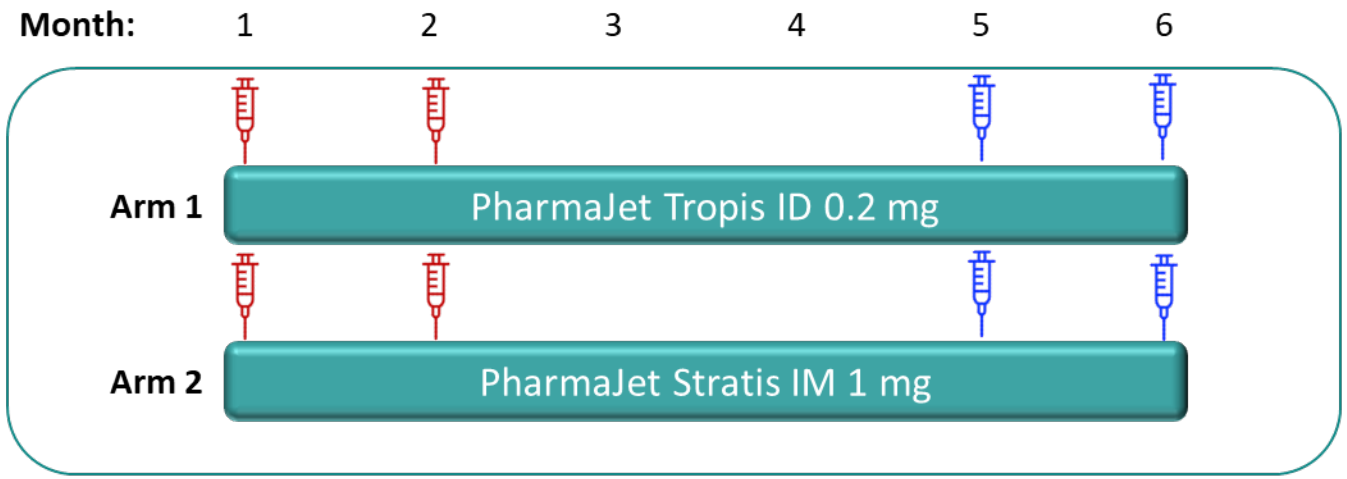
Assay qualification

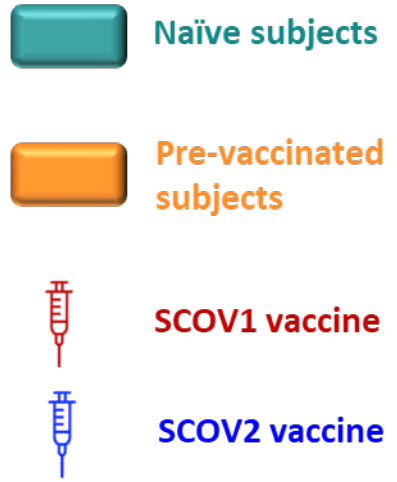
Synexa audit

COVIDITY – PHASE 1 TRIAL DESIGN

Phase 1 First-in-Human open-label study to assess the safety, tolerability and immunogenicity of SCOV1 and SCOV2 vaccines administered by needle-free injection in pre-vaccinated (UK) and naïve healthy adults (South Africa)

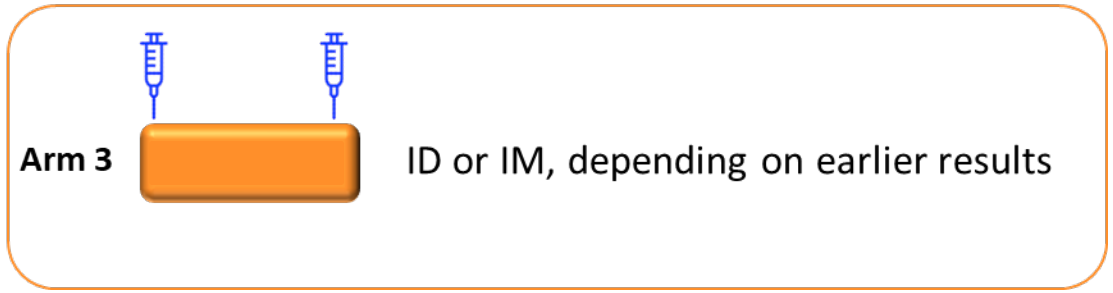
South Africa Phase 1





Safety data in naive subjects

UK Phase 1



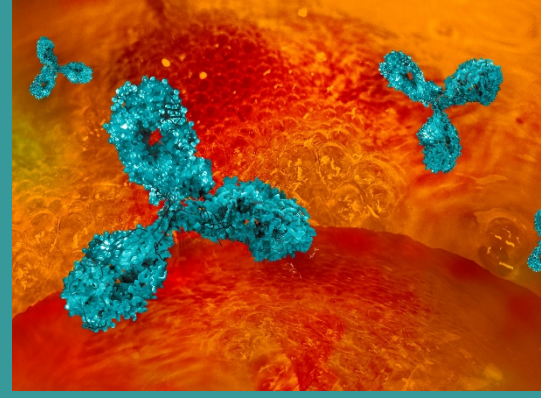
RESEARCH TO CLINIC TIMELINES

- COVIDITY programme demonstrates potential for improvement of development timelines
  - Existing ImmunoBody safety data removed need for further toxicity testing
  - Regulatory approval timelines shortened for all COVID-19 products
- Outsourcing of all drug manufacturing process development is time-limiting
  - Contract negotiations time-consuming
  - Slot availability for small scale and large scale batches restrictive
  - Lack of flexibility particularly for challenging products (Modi-1, Modi-2)
  - Potential to reduce timelines and costs

BELLHOUSE BUILDING – THE OXFORD SCIENCE PARK

- Functional areas for expansion
  - Clinical
  - Translational Research
  - Formulation Development
  - Quality
- The Oxford Science Park
  - Oxford is one of the UK's leading centres for Research & Development
  - Excellent local talent pool for recruitment
  - World-class group of companies for collaborations

SCANCELL



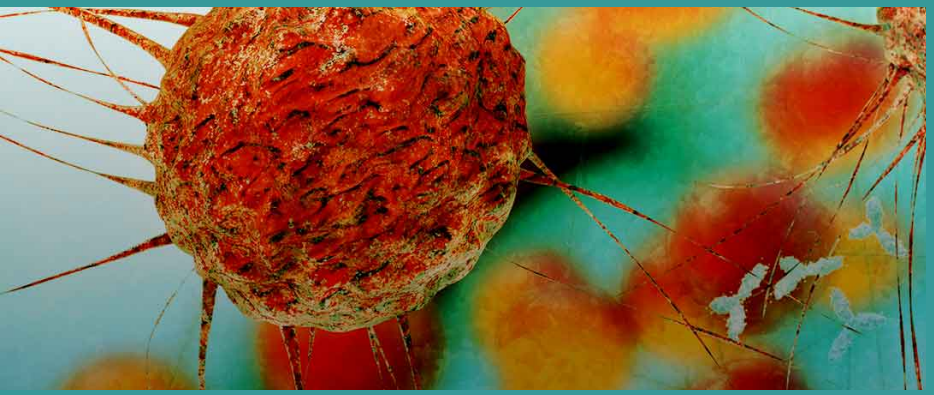
MODI-1

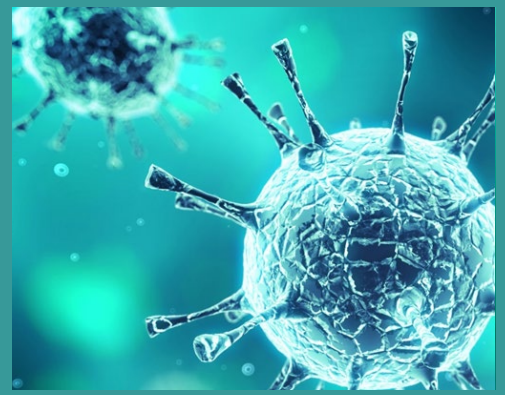
Clinical trial

Professor Christian Ottensmeier

Clatterbridge Cancer Centre and University of Liverpool

LSE: SCLP.L





MODI-1: MEETING UNMET CLINICAL NEEDS

Global burden of head & neck, ovarian, triple negative breast and renal cell cancers combined is substantial, with over 0.75 million deaths worldwide attributable in 2018[1]

HEAD & NECK CANCER

- Head & neck cancers represent the 6th leading cancer group by incidence worldwide
- SCCHN is a long lasting, debilitating and life-threatening disease that is associated with poor overall survival

OVARIAN CANCER

- UK has the highest incidence of ovarian cancer in Europe; high-grade serous ovarian cancer (HGSC) is the most common (approx. 70%) and deadliest type of ovarian cancer
- Many patients with HGSC develop resistance to conventional chemotherapy leading to an incurable disease post-recurrence

TRIPLE NEGATIVE BREAST CANCER

- Breast cancer is the most common cancer in women; TNBC accounts for 15-20% of breast cancers
- TNBC is an aggressive tumour type, with an increased prevalence in younger women and a poor prognosis compared with other sub-types

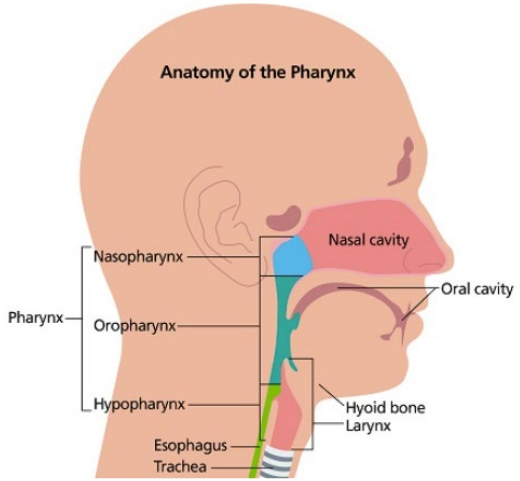
RENAL CELL CARCINOMA

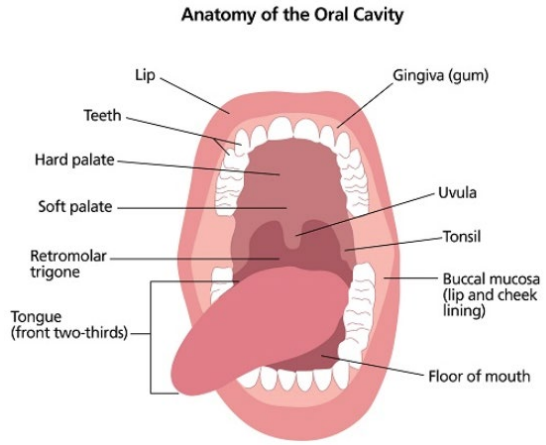
- Kidney cancer is the 8th leading cancer type in the UK
- Despite advances in treatment from thymidine kinase inhibitors (TKI) and PD-1/PD-L1 TKI combinations, mortality from RCC remains high and additional therapies are needed

[1]*Bray et al., 2018*

CURRENT THERAPIES

- A total of over 650,000 new cases and 330,000 deaths are recorded each year
- Squamous cell carcinoma of the head & neck (SCCNN) generally begins in the mucosal surfaces of the head and neck region, with the most frequent tumour sites being the larynx, the pharynx and the oral cavity
- First-line treatment of recurrent and/or metastatic SCCNN is often combination therapy with cetuximab plus cisplatin/carboplatin plus 5-fluorouracil (5-FU) followed by maintenance cetuximab (the EXTREME regimen)
- Variations include substitution of 5-FU for a taxane (e.g., docetaxel or paclitaxel) or other combinations, such as a taxane or cisplatin plus cetuximab
- Nivolumab (Opdivo), a monoclonal antibody that targets PD-1, is available in the UK as monotherapy for the treatment of SCCNN, but only for patients for whom combination chemotherapy has failed
- The UK National Institute for Health and Care Excellence (NICE) also approved pembrolizumab (Keytruda) monotherapy in adults whose tumours express PD-L1 in November 2020

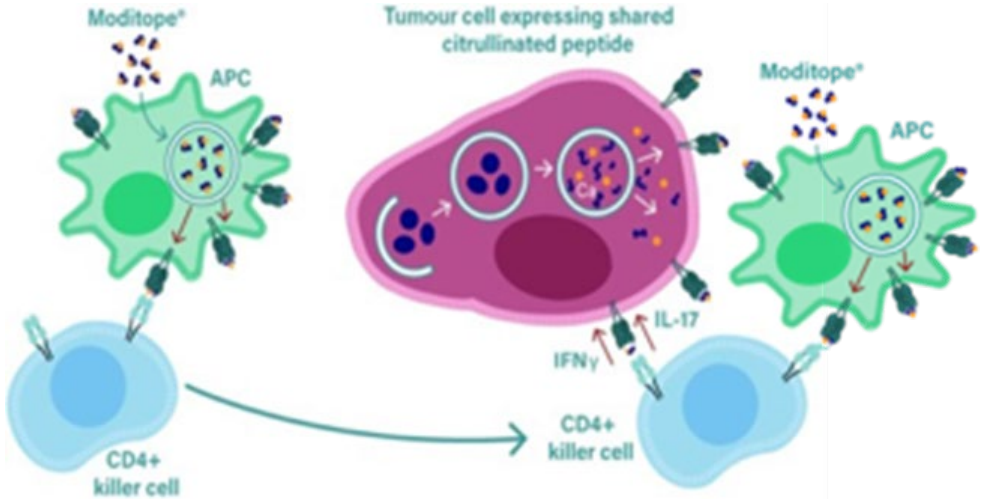




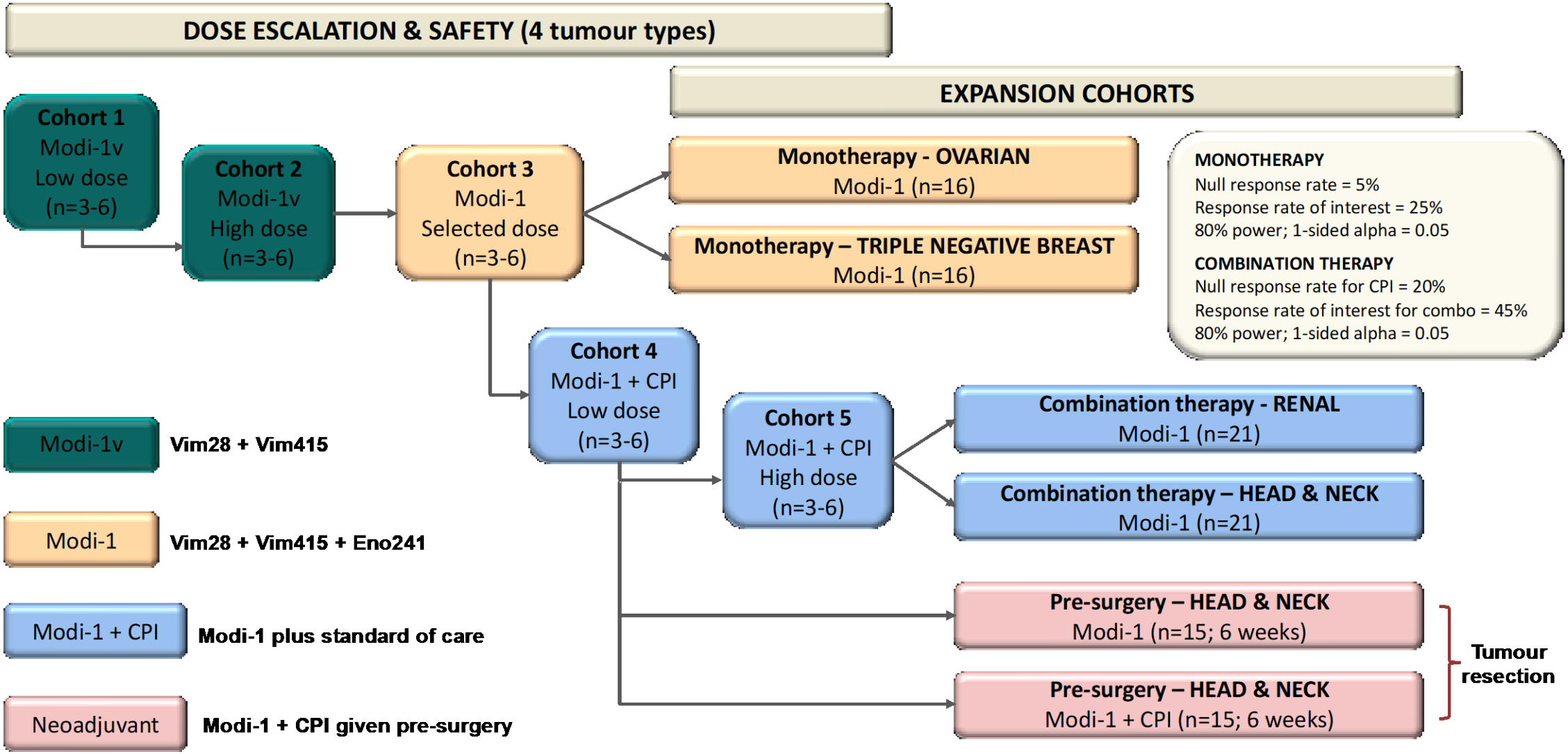
PRINCIPAL INVESTIGATOR FOR MODI-1 TRIAL – WHY?

MODI-1 HAS POTENTIAL TO BE A GAME-CHANGER FOR CANCER PATIENTS

- Highly mutating tumours stimulate T cells, but these are switched off in the immunosuppressive tumour environment
- Checkpoint inhibitors can reinvigorate these T cells **BUT** most tumours do not stimulate strong responses, so checkpoint inhibitors don't work
- Vaccines have potential to stimulate new T cells **BUT** most induce low potency CD8 T cells that do not kill tumours
- **MODITOPE** is unique in stimulating potent CD4 T cells against stress-related post-translational modifications (siPTMs)
- These siPTMs are nature's way of identifying stressed cells, such as cancer cells
- The **Modi-1** vaccine stimulates a strong pro-inflammatory response and reverses the immunosuppressive tumour environment
- **Modi-1** may therefore work **without** checkpoint inhibitors, although there may be a benefit in some hard-to-treat cancers

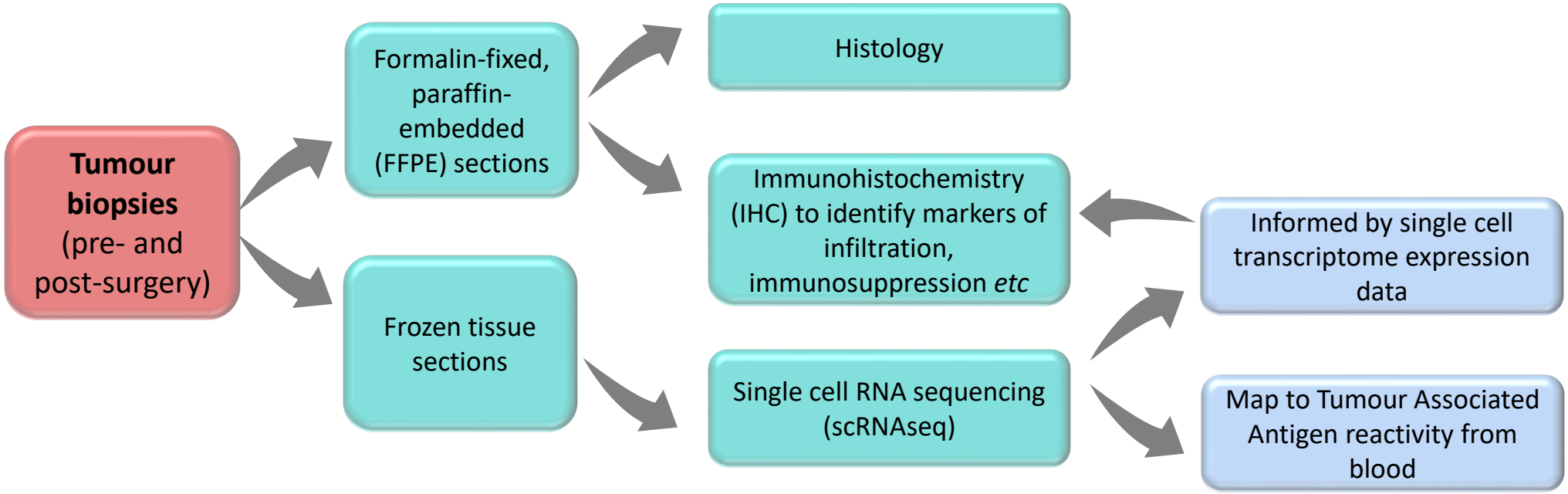


MHRA-APPROVED MODI-1 CLINICAL TRIAL DESIGN



NEOADJUVANT COHORT

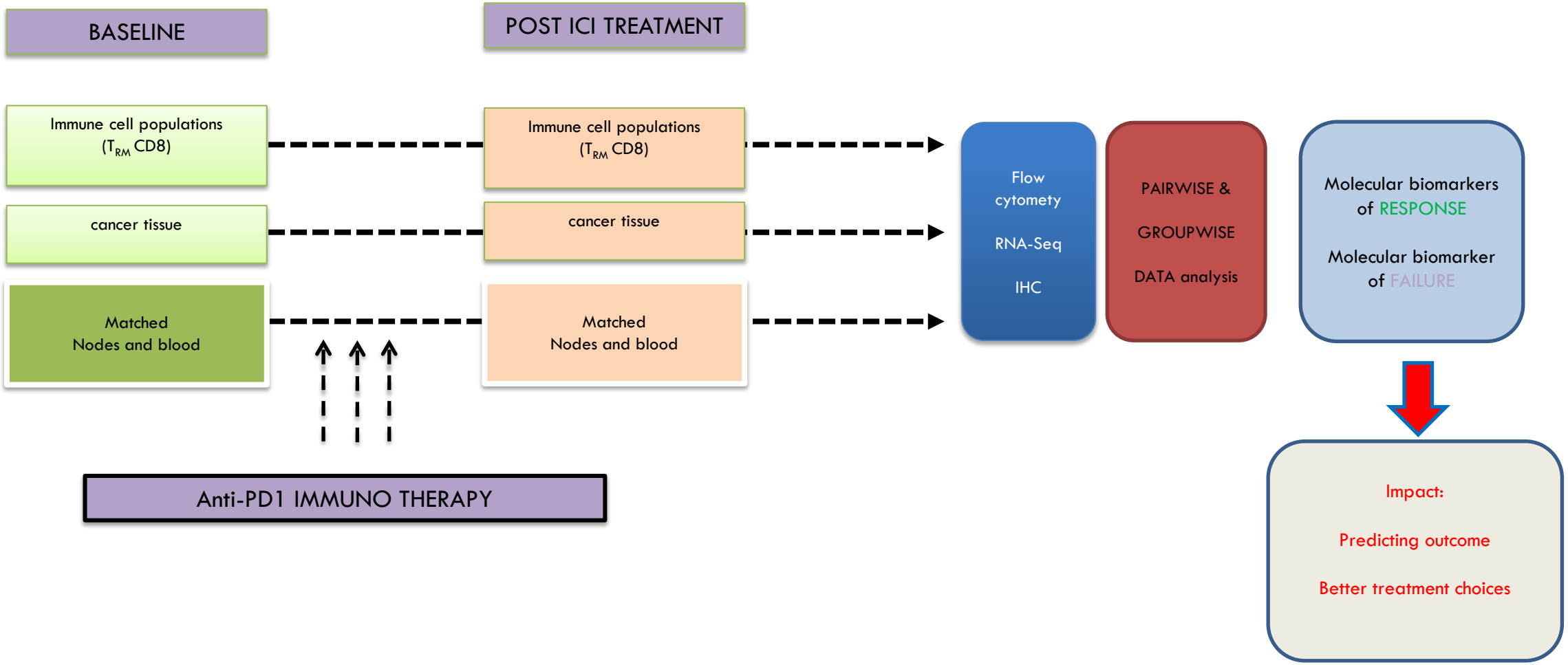
Randomized, neoadjuvant cohort in patients with SCHNN aims to assess the effect of Modi-1, alone or in combination with a checkpoint inhibitor, in promoting T-cell infiltration into the tumour



These assays will tell us…

- If the T cells have arrived at the tumour site
- If these T cells are still active
- If they are not active, why not?

A comprehensive translational programme



WHAT WILL THE CLINICAL TRIAL TELL US?

- Does Modi-1 stimulate T cell responses in cancer patients?
- Do these T cells remain active within the tumour?
- Does the tumour regress?
- What biomarker predicts response?
- Which is the most relevant cohort to expand further?

www.scancell.co.uk